POSITION		ID NO.	DATE
CLASSIFIER		1	8-15-94
EXAMINER	SPN	30 4	8/17/94
TYPIST		318	8/19 951
VERIFIER		3 14	8-22-94
CORPS CORR.			
SPEC. HAND			
FILE MAINT.			
DRAFTING			

INDEX OF CLAIMS

Claim Final	Claim Original	Date				
		4/23/94				
	①	✓				
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	3					
	④					
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SYMBOLS

✓	Rejected
–	Allowed
. (Through numeral)	Canceled
÷	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim Final	Claim Original	Date				
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